



THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF AGRICULTURAL RESOURCES
BUREAU OF ANIMAL HEALTH
251 Causeway Street, Suite 500, Boston, MA 02114



RIDING SCHOOL/STABLE LICENSE APPLICATION

County: _____ Date: _____

Stable Name: _____ Phone: _____
Stable Address: _____
City: _____ State: _____ Zip: _____

Owner Name: _____ Phone: _____
Owner Address: _____
City: _____ State: _____ Zip: _____

Manager Name: _____ Phone: _____
Manager Address: _____
City: _____ State: _____ Zip: _____

Stable Capacity: _____ Current Number: _____

Horses used for: ☐ Lessons ☐ Rentals ☐ Boarding ☐ Hay Rides
☐ Driving ☐ Pony Rides ☐ Sleigh ☐ Sale
☐ Other _____

Licensed Instructors: _____ Lic. No. _____
_____ Lic. No. _____
_____ Lic. No. _____
_____ Lic. No. _____

I/We certify under penalties of perjury that I/We have read the Laws and Rules & Regulations applicable to Riding Schools/Stables, and Instructors, and agree to abide by same.

Signature of Owner

Signature of Manager

**This application shall be accompanied by a fee of \$100.00 made payable to:
*The Commonwealth of Massachusetts.***